

FEDERAL BUREAU OF INVESTIGATION

0251447

Committee has qualified  
multicandidate commit  
EC FORM 1M)

- ☐ Twelfth day report preceding \_\_\_\_\_  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- ☐ Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

**Federal Election Commission**  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

Edge Free 800-424-9530  
Local 202-219-3420

Date \_\_\_\_\_

Date \_\_\_\_\_

FEC FORM 3X

[illegible]

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
Page 2, FEC FORM 3X

NAME OF COMMITTEE <b>IPHFHA Political Action Committee Inc.</b>		REPORT COVERING PERIOD FROM <b>11-24-98</b> TO <b>12-31-98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$3,000.00	\$78,986.00	11ai
ii. Unitemized	\$100.00	\$1,075.00	11aii
iii. Total (add i and ii)	\$3,100.00	\$80,061.00	11aiii
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c)	\$3,100.00	\$80,061.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$0.27	\$782.21	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$3,100.27	\$80,843.21	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$3,100.27	\$80,843.21	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21ai
ii. Non-Federal Share	0	0	21aii
b. Other Federal Operating Expenditures	\$23.99	\$4,698.77	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$23.99	\$4,698.77	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates and Political Committees	0	\$79,000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures by Party Committees (Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds (add a, b and c)	0	0	28d
29. Other Disbursements	0	0	29
30. Total Disbursements (21c+22+23+24+25+26+27+28d+29)	\$23.99	\$83,698.77	30
31. Total Federal Disbursements (subtract line 21aii from line 30)	\$23.99	\$83,698.77	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	\$3,100.00	\$80,061.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$3,100.00	\$80,061.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$23.99	\$4,698.77	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$23.99	\$4,698.77	37

## SCHEDULE A

## ITEMIZED RECEIPTS

## Contributions from Individuals/Persons

PAGE 1	OF 1
FOR LINE NUMBER 11(a)(i)	

Information copied from these Reports may not be sold or used for soliciting contributions or other purposes, other than using the name and address of a political committee to solicit contributions from

NAME OF COMMITTEE (in Full)

IPHFHA Political Action Committee IC00251447

A. Full Name, Mailing Address and ZIP <b>Nancy McCoy</b> <b>555 N Woodlawn, Suite 3102</b> <b>Wichita, KS 67208</b>	Name of Employer <b>Restaurant Management Com</b>	Date <b>12-03-98</b>	Amount this pd <b>\$3,000.00</b>
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Year-to-Date > <b>\$3,000.00</b>	
B. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
C. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
D. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
E. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
F. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
G. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	

SUBTOTAL of Receipts This Page (optional) . . . . .	\$3,000.00
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TOTAL This Period (last page this line number only) . . . . .	\$3,000.00
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## SCHEDULE A

## ITEMIZED RECEIPTS

## Unitized Contributions from Individuals/Persons

PAGE 1	OF 1
FOR LINE NUMBER	
11(a)(ii)	

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NAME OF COMMITTEE (in Full)

IPHFHA Political Action Committee IC00251447

A. Full Name, Mailing Address and ZIP <b>Julius L. Harris</b> <b>163 Forest Drive</b> <b>Salem, VA 24153</b>	Name of Employer <b>Julius L. Harris, Inc.</b>	Date <b>12-15-98</b>	Amount this pd. <b>\$100.00</b>
Receipt For <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive</b>	Year-to-Date > <b>\$100.00</b>	
B. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
C. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
D. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
E. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
F. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
G. Full Name, Mailing Address and ZIP	Name of Employer	Date	Amount this pd.
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	

... \$100.00

... \$100.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Other Receipts (Dividends, Interest, etc.)**

**PAGE 1 OF 1**  
**FOR LINE NUMBER 17**

Information copied from these Reports may not be sold or used for soliciting contributions or other purposes, other than using the name and address of a political committee to solicit contributions for

**NAME OF COMMITTEE (in Full)**

**IPHFHA Political Action Committee IC00251447**

<b>A. Full Name, Mailing Address and ZIP</b> <b>InTrust Bank</b> <b>P O Box One</b> <b>Wichita, KS 67201</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
		<b>11-30-98</b>	
	<b>Occupation</b>		<b>12-31-98</b>
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		<b>\$0.13</b>
	<b>\$0.27</b>		
<b>B. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		
<b>C. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		
<b>D. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		
<b>E. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		
<b>F. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		
<b>G. Full Name, Mailing Address and ZIP</b>	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd</b>
	<b>Occupation</b>		
<b>Receipt For</b> <input type="checkbox"/> <b>Primary</b> <input type="checkbox"/> <b>General</b> <input type="checkbox"/> <b>Other (specify):</b>	<b>Year-to-Date &gt;</b>		

**SUBTOTAL of Receipts This Page (optional)** ..... **>\$0.27**

**TOTAL This Period (last page this line number only)** ..... **\$0.27**

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

## Non-Shared Federal Operating Expenditures

PAGE 1	OF 1
FOR LINE NUMBER 21(b)	

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NAME OF COMMITTEE (in Full)

IPHFHA Political Action Committee IC00251447

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
InTrust Bank P O Box One Wichita, KS 67201	<b>Service Charge</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-30-98	\$10.00
	<input type="checkbox"/> Other:	12-31-98	\$10.00
B. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
Airborne Express P O Box 91001 Seattle, WA 98111	<b>overnight delivery</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General	12-03-98	\$3.99
	<input type="checkbox"/> Other:		
C. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
D. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
E. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
F. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
G. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
H. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		
I. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other:		

\$23.99

\$23.99

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-19-88
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 JMN PREPARER	 1-26-88 DATE PREPARED